

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 15/11/2021 16:41 (SGT)
Date of Accident 15/11/2021 08:30 (SGT)
Exact Location of Accident Gambas Ave, Singapore
Additional Location Information GAMBAS AVENUE, ADMIRALTY ROAD WEST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7453U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Company Reg No 1XXXXX821R
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-65508768
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1787

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419138
Cover Note Number -

DRIVER

Name of Driver CHAN TIAN JIAN, TONY
NRIC No SXXXX480F

Date Of Birth	21/05/1980
Occupation	Outdoor
Date Of Driving Pass	18/09/2008
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81289700
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 26B ST. GEORGE'S LANE #09-39
Address complement	-
Postcode	320026
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/2021115/7013;

I WAS DRIVING ALONG GAMBAS AVE TO ADMIRALTY ROAD WEST. I STATION MY VEHICLE BEFORE THE YELLOW BOX VEHICLE (SLW6230A) HIT ON MY REAR OF MY VEHICLE. AND VEHICLE COLLIDED WITH VEHICLE C (GBE739C). WE EXCHANGE PARTICULAR WITH ALL DRIVER. THERE IS A MALE PASSENGER IN MY VEHICLE. REPORT SICK WITH MEDICAL CERTIFICATE FOR 5DAY - FROM 15/11/2021 TO 19/11/2021.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW6230A
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE739C
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN BOON SENG
NRIC No	SXXXX437H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN TIAN JIAN, TONY
Gender	Male
Phone No	(Phone) +65-81289700
Address	BLK 26B ST. GEORGE'S LANE #09-39
Address Complement	-
Post Code	320026
Approximate Age Years Old	41
Injuries Sustained	-
Injured person in which vehicle?	SHC7453U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

15/11/24 / 1400 HRS

VEHICLE A

VEHICLE B

VEHICLE C

GRANDPARK AVE

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

15/11/24 / 1400 hrs

Personnel











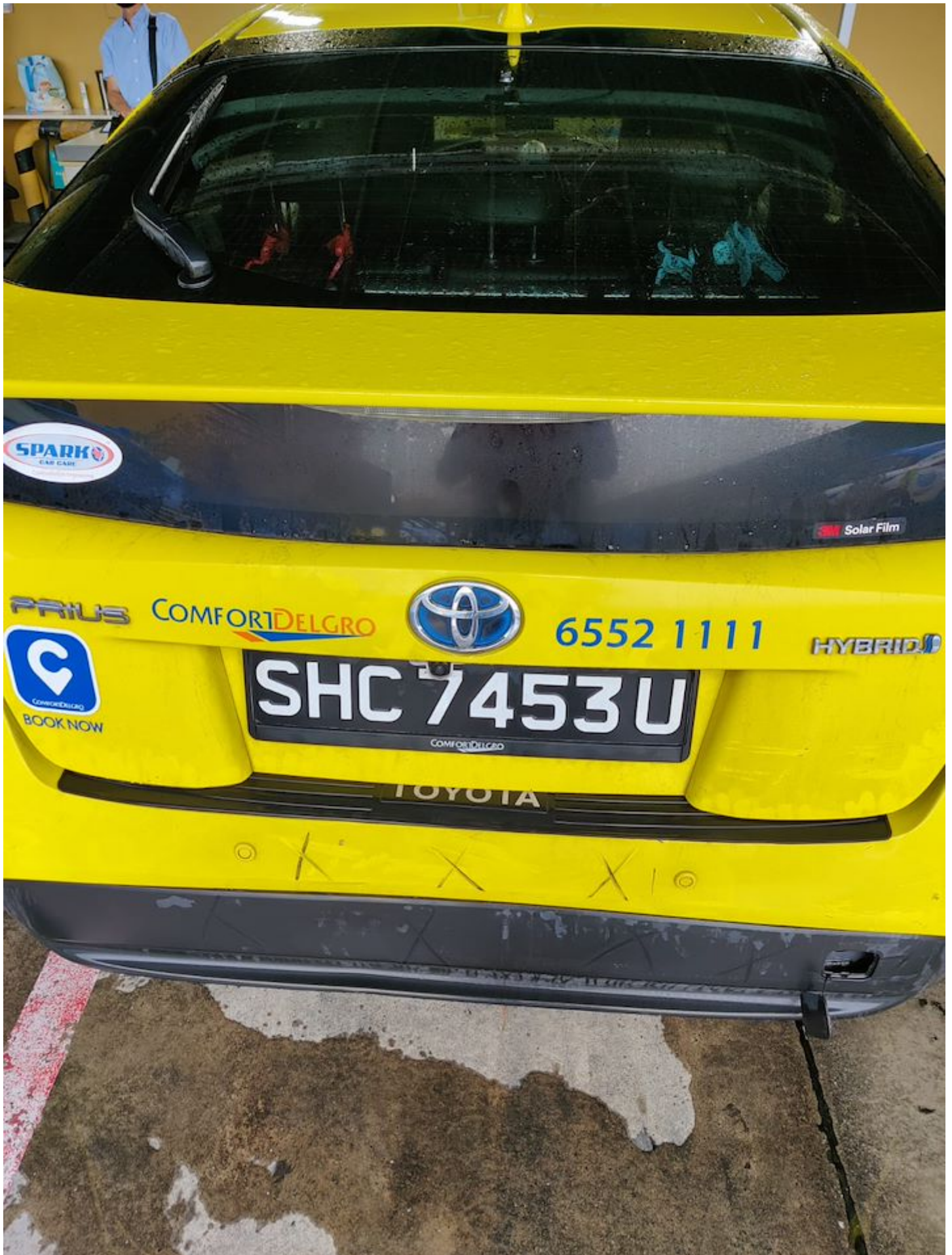










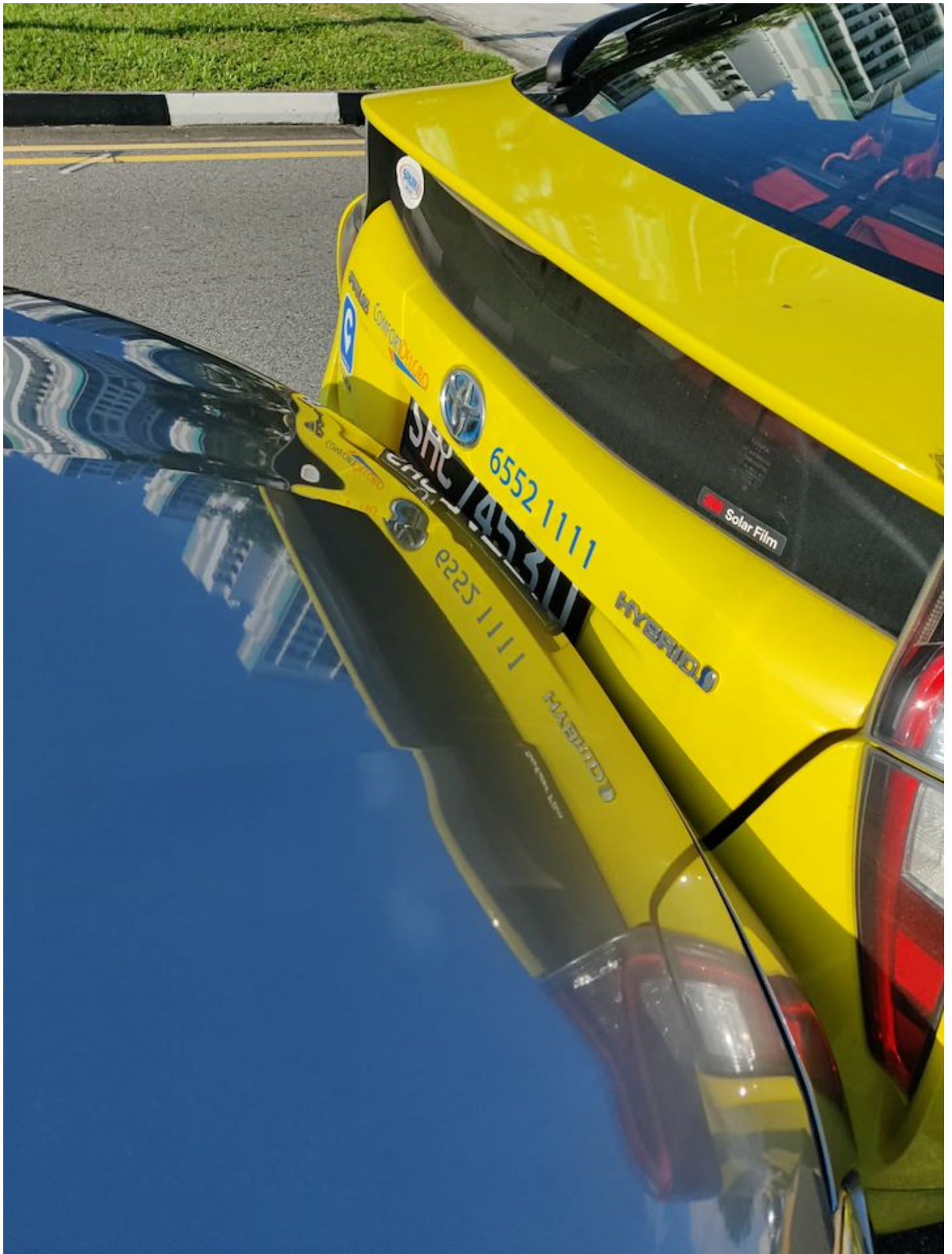




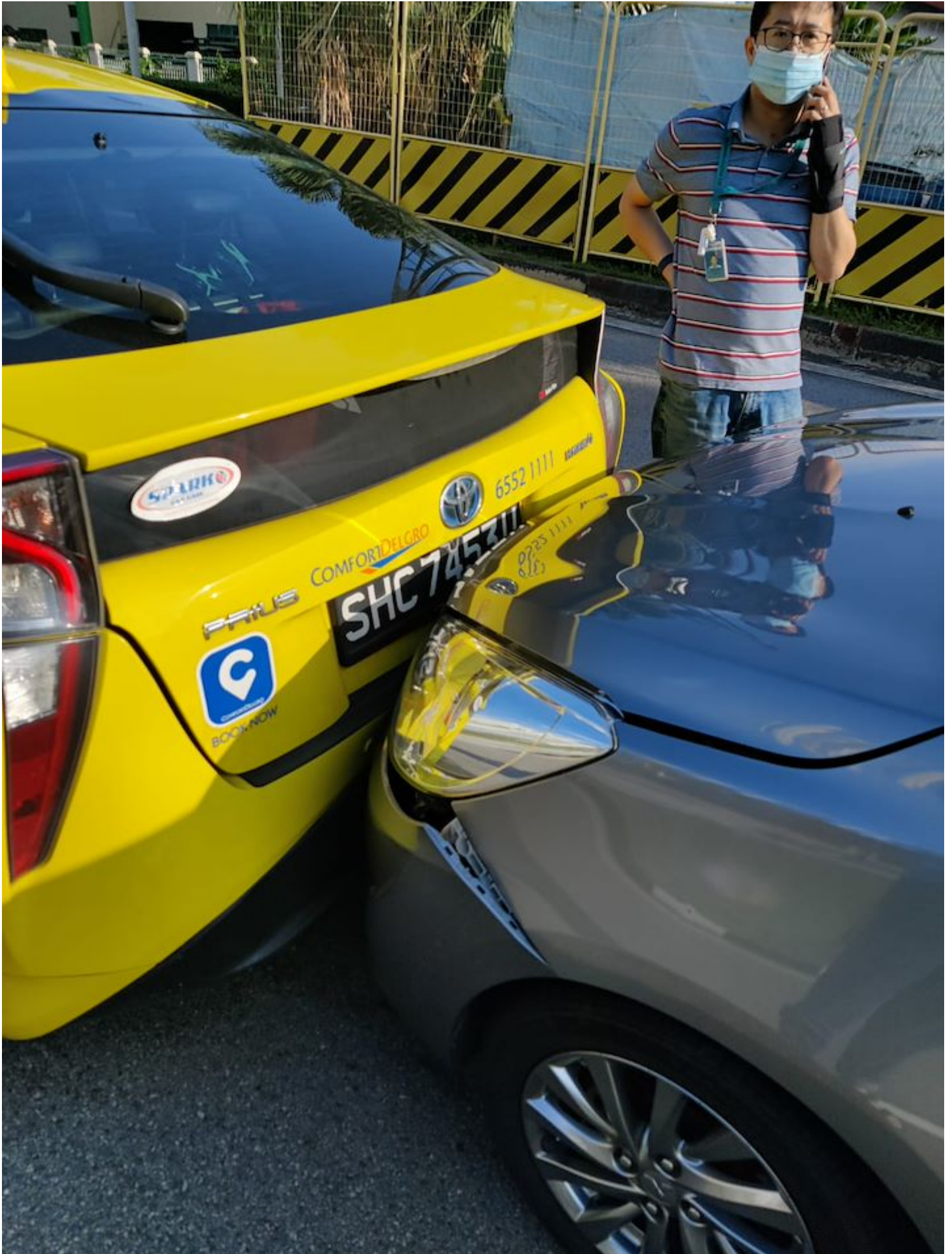














**SINGAPORE
POLICE FORCE**



T/20211115/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211115/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2021 11:36	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHAN TIAN JIAN, TONY			Address: 26B ST. GEORGE'S LANE #09-39 SINGAPORE 322026		
ID Type / ID No.: NRIC NO / S8014480F			Contact No.: Home/Office: Mobile: 81289700		
Nationality: SINGAPORE CITIZEN			Email: CTJNINI521@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 21/05/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2021 08:30	Type of Location: Straight Road
Location: GAMBAS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE739C	Van	NISSAN		Silver	Seriously Damaged	0
SHC 7453U	Car	TOYOTA	Toyota Prius	Yellow	Slightly Damaged	2
SLW6230A	Car	MITSUBISHI		Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211115/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20211115/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHAN TIAN JIAN, TONY	ID No.	S8014480F
Related Vehicle	SHC 7453U (Car)	Contact No.	81289700
Hospital/Clinic	OUR FAMILY CLINIC + SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	15/11/2021	Date	15/11/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was Driving along gambas ave to Admiralty road west. I station my vehicle before the yellow box .
Vehicle B (SLW 6230A) hit on my rear of my vehicle. And vehicle collided with vehicle C (GBE 739C).
We exchange particular with all driver. There is a male passager in my vehicle.

Report sick with medical certificate for 5 day . From 15/11/2021 to 19/11/2021.



**SINGAPORE
POLICE FORCE**



T/20211115/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211115/7013

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/11/2021 11:36

Classification Of Case:

